

PII and Privacy Act Waiver/Authorized Release of Information
U.S. EPA, R4

I _____ am currently assigned to EPA Region 4 ("R4") workspace number _____. I understand that my workspace, including locked drawers and cabinets, will be accessed and cleaned as part of Region 4's pest control activities. I recognize that my workspace may contain documents that include my personally identifiable information ("PII") such as my name, date of birth, financial information, or medical information, as well as information about me that is protected by the Privacy Act of 1974 ("Privacy Act"). I understand that as part of the pest control activities, a government pest control contractor may need to access areas of my workspace which contain documents that include my PII or Privacy Act information and that access to my Privacy Act information cannot be provided without my consent. Therefore, I authorize employees of the pest control contractor to have access to documents in my workspace which may include my PII or Privacy Act information. I understand that access to such information will be incidental to the pest control services and that the pest control contractor and its employees have been instructed not to review, read, copy, remove, destroy, or disclose to any individual or organization any information that they may have access to while performing pest control activities. I further understand that this waiver applies only to my own PII and Privacy Act information and not to the PII or Privacy Act information of any other individual.

NAME

SIGNATURE

DATE